

2004
NONPUBLIC, NONSECTARIAN AGENCY
APPLICATION UPDATE FORMS

INSTRUCTIONS FOR COMPLETING THE 2004 APPLICATION UPDATE

Type or print clearly.

1. **Applicant Information**

- Complete each section.
- Indicate the name of the county in which your agency is located.
- List the name of the site administrator and a contact person.
- Provide a FAX number, e-mail address, and website address, if applicable.

2. **Disabling Conditions**

- Check box for the type(s) of disabilities served by your agency.

3. **Population Served:**

- Check box to indicate the group served: COED FEMALE MALE
- Indicate grade level(s) served.
- Indicate age range served.
- Program Capacity - State the maximum number of students to be served by your program for the 2004 calendar year. The fee submitted must be aligned with the total program capacity.

2004

APPLICATION UPDATE FOR CERTIFICATION NONPUBLIC, NONSECTARIAN AGENCY

(See instructions on prior page.)

Type or print clearly.

Date: _____

Office Use Only

_____ Fee Submitted

1. APPLICANT INFORMATION	
Name of Nonpublic, Nonsectarian Agency:	
Site Address:	
City:	County:
State:	Zip:
Mailing Address (if different):	
City:	State:
State:	Zip:
Site Administrator:	Contact Person:
Telephone: ()	FAX: ()
E-mail Address:	Website Address:

2. DISABLING CONDITIONS	
<i>(Check box for the type(s) of disabilities served.)</i>	
<input type="checkbox"/> AUT - Autism	<input type="checkbox"/> OI - Orthopedic Impairment
<input type="checkbox"/> DB - Deaf/Blindness	<input type="checkbox"/> ED - Emotional Disturbance
<input type="checkbox"/> DEAF - Deafness	<input type="checkbox"/> SL - Speech or Language
<input type="checkbox"/> HI - Hearing Impairment	<input type="checkbox"/> SLD - Specific Learning Disability
<input type="checkbox"/> MD - Multiple Disabilities	<input type="checkbox"/> TBI - Traumatic Brain Injury
<input type="checkbox"/> MR - Mental Retardation	<input type="checkbox"/> VI - Visual Impairment
<input type="checkbox"/> OHI - Other Health Impairment	

3. POPULATION SERVED	
Check Box to Indicate Group Served: <input type="checkbox"/> COED <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
Grade Level(s) Served:	
Age Range Served:	
Program Capacity:	

Type or print clearly.

4. Program and Service Description

- Provide a brief program and service description in the space provided on page 2b. Include only those services your agency is being certified to provide. Do not include attachments.
- Your program description will be included in the Nonpublic School/Agency database, which can be found on the Special Education Division, web site at http://www.otan.us/npsa/npsa_search.taf.

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

4. PROGRAM AND SERVICE DESCRIPTION

Limit your description to the space provided.

Type or print clearly.

5. Service Fees

- Include only services for which the agency has qualified staff.
- For qualification standards, refer to California Code of Regulation, Title 5, § 3065, Staff Qualifications – Related Services including Designated Instruction and Services.
- For each of the services listed on page 3b, the names of appropriately credentialed, licensed, certified, or registered staff to perform these services must be recorded on page 5b.* Submit a copy of the appropriate credential, license, certificate, transcript, degrees or registration for each staff person listed.
- List applicable service fees in the following categories:
 - Per Hour
 - Per Day
 - Per Month

***NOTE: Abbreviations for each DIS are listed on page 3b. These abbreviations must be listed in column d on the form provided on page 5b.**

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

5. SERVICES FEES

(Include only services the agency currently has staff to provide.)

DESIGNATED INSTRUCTION AND SERVICES AND RELATED SERVICES	<u>Per Hour</u>	<u>Per Day</u>	<u>Per Month</u>
Adapted Physical Education (APE)			
Assistive Technology Services (AST)			
Audiological Services (AS)			
Behavior Intervention – Implementation of Behavior Modification Plans (BII)			
Behavior Intervention – Including Development and Modification (BID)			
Counseling and Guidance Services (CG)			
Early Education Programs for Children with Disabilities (EE)			
Health and Nursing Services (HNS)			
Home or Hospital Services (HHS)			
Language and Speech Development and Remediation (LSD)			
Occupational Therapy Services (OT)			
Orientation and Mobility Instruction (OM)			
Parent Counseling and Training (PCT)			
Physical Therapy Services (PT)			
Psychological Services Other Than Assessment and IEP Development (PS)			
Recreation Services (RS)			
Social Worker Services (SW)			
Special Driver Training Instruction (SDTI)			
Specialized Interpreting or Transcribing Services (SIT)			
Specialized Services for Low-Incidence Disabilities (LI) (Identify Service)			
Specially Designed Vocational Education and Career Development (VECD)			
Vision Services (VS)			
Other (OTH) (Identify Service)			

Type or print clearly.

6. Geographical Location of the NPA

- Provide written directions and a street map showing the location of the agency from the nearest major freeways and airport.
- If services are provided on public or nonpublic schools sites or where the student(s) currently reside, an agency map and written direction are not needed.

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

Services will be/are provided on public or nonpublic school sites only: Yes____ No____

6. GEOGRAPHIC LOCATION OF NONPUBLIC, NONSECTARIAN AGENCY: (MAP)

Type or print clearly.

7. Staff List and Clearance Information

- a) Type or print the full name of all individuals who have contact with students.
- b) If you sub-contract with an individual(s) or NPA(s) to provide services under your certification, include the name of the individual or NPA providing services. In column b, mark an "X" by the individual or NPA sub-contracting with the agency to provide designated instruction and services (DIS).
- c) Indicate whether the employee is full-time or part-time using the abbreviation FT or PT.
- d) **Use the 2-4-letter designation for special education instruction or related services listed on page 3b.**
- e) If staff qualification documents were previously submitted with a prior application are still current, there is no need to resubmit this information.
- f) **Degrees/transcripts are to be submitted for staff providing Behavior Intervention Services-Including Development and Modification (BID), if applicable.**
- g) **Proof of high school graduation, or equivalent, must be submitted for staff providing Behavior Intervention – Implementation of Behavior Modification Plans (BII).**
- h) **Provide the expiration date of certification, credential, license, or registration, if applicable.**
- i) **Provide the TB clearance date. Refer to page 3, General Information, Tuberculosis Clearance Requirements for clarification.**
- j) Provide DOJ criminal history clearance dates. Use abbreviations "cred." or "lic." for individuals who received a criminal history clearance dates through a credentialing and/or licensing process. **For more information, refer to Staff Fingerprint Clearance Requirements beginning on page 3 of General Information.**

For Out-of-State Applicants Only: If your state has requirements that are different from above, write a letter and provide a copy of the statute or regulation governing fingerprint or criminal record summaries and submit these with your application.

NOTE: Nonpublic agencies must notify the Office of Nonpublic Schools and Agencies and their contracting local education agencies in writing within forty-five days of any credential or licensed personnel changes. Failure to provide properly qualified staff to provide services as specified in the individualized education program shall be cause for the termination of all contracts between the local education agency and the nonpublic school or agency. **Information provided will be accepted only if it is included by using the form on page 5b or an exact facsimile of this form.** All columns **must** be completed. Use additional sheets if necessary.

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:							DATE:	
7. STAFF LIST AND CLEARANCE INFORMATION (Use additional sheets as necessary.)								
(a) Staff Name	(b) Sub- Contractor	(c) FT/ PT	(d) Assignment (See page 3b)	(e) Type of Cred/Lic/Reg	(f) Exp Date Cred/Lic/ Reg	(g) TB <u>Clearance</u> Date	(h) DOJ Criminal History Clearance Date	
EXAMPLE: Gerald Smith		FT	BID, BII	MA degree, Counseling		7/01/03	6/4/98	
EXAMPLE: Nancy Jones		PT	CG	Pupil Personnel Svcs. Cred.	11/30/03	5/26/02	Cred.	
EXAMPLE: John Doe		PT	LSD	Speech Pathologist Lic. #43210	8/30/02	3/26/02	Lic.	

**USE OF THIS FORM OR A FACSIMILE IS A MANDATORY REQUIREMENT TO PROCESS THIS APPLICATION. ALL COLUMNS MUST BE COMPLETED.
YOUR APPLICATION MAY BE RETURNED IF THIS INFORMATION IS NOT COMPLETE.**

Type or print clearly.

8. Program Data Form

List only the California districts, county offices of education, and the Special Education Local Plan Areas (SELPA) with which you are currently contracting. Also list the number of students and dollar value of the contracts for each contractor.

If you are currently not contracting with any school districts, county offices of education, or SELPA, put an "X" in the box at the bottom of page 6b.

California Education Code (EC) Section (The word *section* is denoted by § through out the rest of this document) 56365(i). A nonpublic, nonsectarian school or agency that is located outside of this state is eligible for certification pursuant to § 56366.1 only if a pupil is enrolled in a program operated by that school or agency pursuant to the recommendation of an individualized education program team in California, and if that pupil's parents or guardians reside in California.

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

8.

PROGRAM DATA

(Use additional sheets if necessary.)

Contracting California School Districts/County Offices of Education/SELPA's	Number of Students	Contracts-Total Dollar Value
TOTALS		\$

☐ This NPA is currently not contracting with any school districts, county offices of education, or SELPA's.

SUPPLEMENTAL INFORMATION NEEDED FOR CERTIFICATION UPDATE OF NONPUBLIC, NONSECTARIAN AGENCY

For *Out-of-State* Applicants Only:

Certification by *your* State Department of Education

- Submit a copy of the certification/licensure issued by your State Department of Education authorizing the agency to provide educational services to children with disabilities under PL 105-17 in the state in which the agency is located.

FIRE INSPECTION CLEARANCE*

*Fire clearances are **required annually**.*

THIS ENTIRE FORM MUST BE COMPLETED BY THE INSPECTING AUTHORITY

Name of Nonpublic, Nonsectarian Agency:			
Address:			
City:	County:	State:	Zip:

FACILITY CAPACITY/OCCUPANCY LOAD: _____

This facility is approved to serve (*Check appropriate one*):

- ☐ a. ambulatory
☐ b. non-ambulatory
☐ c. both

This facility complies with all applicable standards related to fire and life safety (*Check one*):

Yes ☐ No ☐

This facility is in violation of standards; the following corrections are needed (*Use back of form to list additional violations*):

- 1.
- 2.
- 3.
- 4.

Nothing contained herein shall be construed as encompassing the structural stability of any building or as abrogating any more restrictive requirements by other agencies having jurisdiction.

For answers to any questions regarding the above clearance, contact:

Inspector (please print name):	
Title:	
Signature:	
Name of Inspecting Agency:	
Telephone: ()	Date of Inspection:

Contact the local city or county fire department or the fire district providing fire protection services to arrange for this clearance. If you cannot obtain a local fire clearance, your fire inspection can be ordered through the State Fire Marshal. Please contact our office for this form. This may result in a delay in receiving your certification. All sites MUST have individual fire clearances.

Certification Requirement: A fire inspection clearance must be issued by the appropriate city, county, fire district, or state fire official, not less than once each year.

*The use of this form is optional; other documentation may be utilized that provides the same information, location, and name of the nonpublic, nonsectarian agency.

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

ASSURANCE STATEMENT

I assure the nonpublic, nonsectarian agency listed above will maintain compliance with all of the following:

1. In accordance with the Fair Employment Act, employers will not discriminate based on any of the following: sex, race, age, national origin, ancestry, religious creed, physical handicap, medical condition, or sexual orientation (Executive Order 11246; § 504 of the Rehabilitation Act of 1973; Age Discrimination in Employment Act of 1975; Title VII and Title VI of the Civil Rights Act). U.S. Code Title 20 prohibits employment discrimination on the basis of sex in education programs or activities, which receive Federal assistance.
2. Compliance with Title VI of the Civil Rights Act of 1964 (PL 88-352) and all requirements imposed by or pursuant to the provisions of this Act, and to the end, that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the school receives federal and state financial assistance, and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.
3. The nonpublic, nonsectarian agency will comply with the rules and regulations of Part 84, § 504 of the Rehabilitation Act of 1974, and all subsequent amendments, in that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity including those which receive or benefit from financial assistance.
4. Compliance with OSHA Bloodborne Pathogens Standards, 29 Code of Federal Regulations 1910.1030.
5. Pursuant to the requirements of the Drug Free Workplace, U.S. Code, Title 41, § 701, the employer must provide a drug free workplace. It is unlawful to manufacture, distribute, dispense, use, or possess a controlled substance in the workplace.
6. Compliance with the Individuals with Disabilities Education Act, and all subsequent amendments and requirements imposed by or pursuant to the provisions of these Acts shall be maintained.
7. The nonpublic agency has a written policy on sexual harassment. [EC § 212.5]
8. The rights of children with disabilities and their parents or guardians are protected in such ways as: (1) prior notice, and consent, (2) access to records, (3) confidentiality, and (4) due process procedures.

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

ASSURANCE STATEMENT – continued

9. The nonpublic, nonsectarian agency will maintain records of the written instructional plan and short-term objectives for each child enrolled and will specify the special education program and related services to be provided. Such plans shall be developed, reviewed, or revised as appropriate to the child's IEP early in each agency year and during the first year at least one other time.
10. The agency meets the requirements established by or under authority of the laws of the state and applicable city, city and/or county ordinances. Environmental health, sanitation and other building features shall not be detrimental to the health and safety of the students and staff.
11. The agency has the necessary financial resources to provide an appropriate education for the children enrolled and will distribute those resources in such a manner to implement the IEP for each and every child.
12. All personnel employed after 1/1/85 have signed a statement acknowledging their understanding of the reporting requirements in the cases of observed or suspected cases of child abuse. [Penal Code 11165.5]
13. The nonpublic, nonsectarian agency applicant is not operated or controlled by a sectarian group. The primary purpose of the facility is not operated or controlled by a sectarian group. The primary purpose of the facility is nonreligious and religious education is not part of the facility's program.

I certify under penalty of perjury that the above-named agency is committed to follow all laws and regulations as stated above.

Name (<i>print</i>):			
Title:			
Signature:			
Mailing Address:			
City:	County:	State:	Zip:
Telephone: ()		Date:	



JACK O'CONNELL
Superintendent of Public Instruction

CALIFORNIA
DEPARTMENT
OF
EDUCATION

1430 N Street
PO Box 944272
Sacramento, CA
94244-2720

Date: July 9, 2003

To: New & Renewing Nonpublic Schools and Agencies

From: Alice D. Parker, Ed.D.
Assistant Superintendent
Director, Special Education Division

Subj: Positive Behavior Intervention Regulations

All nonpublic schools and agencies are required to comply with the provisions of California Code of Regulations, Title 5, Section 3052, relative to the provision of behavior intervention. It is important that you read these regulations and acknowledge that you will comply with the requirements.

You can secure a copy of these rules by purchasing *A Composite of Laws* from CDE Press ([800] 995-4099 or www.cde.ca.gov/cdepress) or you can access these regulations, free of charge, through the following web site: www.otan.us/laws_search/lawsrch.taf

Please sign and return this page with your nonpublic school and/or agency application.

This is to acknowledge that I have read California Code of Regulations, Title 5, Section 3052. These rules provide guidance relative to positive behavior interventions. I agree that the nonpublic school or agency, for which I serve as a representative, will comply with all discipline practices, procedures for behavioral emergency intervention and prohibitions. I also ensure compliance with my school/agency's role in conjunction with the contracting local education agency in developing and implementing a pupil's behavioral intervention plan consistent with these regulations.

Printed Name of Representative

Signature of Representative

Name of School/Agency

Date